

P A T D  
JF

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District of \_\_\_\_\_

Case number (if known): 22-19173

JEANNE A. NAUGHTON, CLERK

NOV 17 2022

Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

U.S. BANKRUPTCY COURT  
TRENTON, NJBY JF Check if this is an  
amended filing

Official Form 101

**Voluntary Petition for Individuals Filing for Bankruptcy**

06/22

The bankruptcy forms use **you** and **Debtor 1** to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a **joint case**—and in joint cases, these forms use **you** to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses **Debtor 1** and **Debtor 2** to distinguish between them. In joint cases, one of the spouses must report information as **Debtor 1** and the other as **Debtor 2**. The same person must be **Debtor 1** in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself****About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Katherine

First name

M.

Middle name

Goreczynski

Last name

Miss

Suffix (Sr., Jr., II, III)

**About Debtor 2 (Spouse Only in a Joint Case):****2. All other names you have used in the last 8 years**

Include your married or maiden names.

Kathy Goreczynski

First name

Mary

Middle name

Goreczynski

Last name

Katherine

First name

M.

Middle name

Anderson

Last name

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**xxx - xx - 2749

OR

9 xx - xx - \_\_\_\_\_

First name

Middle name

Last name

First name

Middle name

Last name

xxx - xx - \_\_\_\_\_

OR

9 xx - xx - \_\_\_\_\_

Debtor 1

Katherine M. Gorczyński

First Name Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and *doing business as* names

I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

**About Debtor 2 (Spouse Only in a Joint Case):**

I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

**5. Where you live**

138 Sophie Lane

Number Street

Lakewood NJ 08701

City State ZIP Code

Ocean

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City State ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

After growing up in  
Monmouth County  
I moved to Ocean  
County 3 yrs ago

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

Debtor 1 Katherine M.  
First Name

Middle Name

Govcynski  
Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

**8. How you will pay the fee**

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

No

Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No

Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY  
Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**11. Do you rent your residence?**

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 Katherine M. Goczynski  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor  
of any full- or part-time  
business?**

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under  
Chapter 11 of the  
Bankruptcy Code, and  
are you a *small business  
debtor* or a debtor as  
defined by 11 U.S.C. §  
1182(1)?**

For a definition of *small  
business debtor*, see  
11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor: Katherine M. Gonczynski  
First Name M. Middle Name  Last Name Gonczynski

Case number (if known) \_\_\_\_\_

**Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No

Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

Where is the property? \_\_\_\_\_

Number. \_\_\_\_\_ Street. \_\_\_\_\_

City. \_\_\_\_\_

State. \_\_\_\_\_

ZIP Code. \_\_\_\_\_

Debtor 1 Katherine M. Gokczynski  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Katherine M. Goczynski

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

**16. What kind of debts do you have?**

**16a. Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.  
 Yes. Go to line 17.

**16b. Are your debts primarily business debts?** Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.  
 Yes. Go to line 17.

**16c. State the type of debts you owe that are not consumer debts or business debts.**

**17. Are you filing under Chapter 7?**

No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
 No  
 Yes

**18. How many creditors do you estimate that you owe?**

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

**19. How much do you estimate your assets to be worth?**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

**20. How much do you estimate your liabilities to be?**

<input checked="" type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Katherine M. Goczynski  
Signature of Debtor 1

\_\_\_\_\_  
Signature of Debtor 2

Executed on 11 13 2022  
MM / DD / YYYY

Executed on \_\_\_\_\_  
MM / DD / YYYY

Debtor 1 Katherine M. Gorkczynski  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**For your attorney, if you are  
represented by one**

**If you are not represented  
by an attorney, you do not  
need to file this page:**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X**

Signature of Attorney for Debtor

Date

MM / DD / YYYY

Printed name

Firm name

Number Street

City

State

ZIP Code

Contact phone \_\_\_\_\_

Email address \_\_\_\_\_

Bar number

State

Debtor 1: Katherine M. Goleczynski  
First Name Middle Name Last Name

Case number (if known): \_\_\_\_\_

**For you if you are filing this bankruptcy without an attorney**

**If you are represented by an attorney, you do not need to file this page.**

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

**Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?**

No  
 Yes

**Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?**

No  
 Yes

**Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?**

No  
 Yes. Name of Person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

Katherine M. Goleczynski  
Signature of Debtor 1

X

Signature of Debtor 2

Date 11/08/2022  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

Contact phone 732-642-9116

Contact phone \_\_\_\_\_

Cell phone 732-642-9116

Cell phone \_\_\_\_\_

Email address Kmgoleczynski@gmail.com

Email address \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>Katherine</u>	<u>Mary</u>	<u>Gorczyński</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____ District of _____			
Case number (if known) _____			

Check if this is an  
amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known):

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: <u>Home</u>	Copy the value from <i>Schedule A/B</i> <u>owe</u> <u>\$ 138,000</u>	<input type="checkbox"/> \$ <u>216,000</u> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from <i>Schedule A/B</i> : _____			
Brief description: <u>Car</u>	Copy the value from <i>Schedule A/B</i> <u>owe</u> <u>\$ 18,553.49</u>	<input type="checkbox"/> \$ <u>11,600</u> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from <i>Schedule A/B</i> : _____			
Brief description: <u>Wells Fargo</u>	\$ <u>2,230</u>	<input checked="" type="checkbox"/> \$ <u>2,230</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	acct# <u>424</u>
Line from <i>Schedule A/B</i> : <u>Checking account</u> <u>Finance personal account</u> <u>with my name listed on the account</u>			

3. Are you claiming a homestead exemption of more than \$189,060?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Debtor 2: Katherine M. Goleczynski

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			
Brief description: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Line from Schedule A/B: _____			

Fill in this information to identify your case:

Debtor 1	<u>Katherine</u>	<u>M.</u>	<u>Gorczyński</u>
	First Name	Middle Name	Last Name
Debtor 2	(Spouse, if filing) First Name Middle Name Last Name		
United States Bankruptcy Court for the: _____ District of _____			
Case number (If known) _____			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

##### 1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

##### 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<p>Priority Creditor's Name <u>Internal Revenue Service</u>  <u>PO Box 145577</u>  <u>Number Street</u>  <u>Cincinnati OH</u>  <u>45250-5577</u>  <u>City</u> <u>State</u> <u>ZIP Code</u></p> <p>Who incurred the debt? Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2749</u></p> <p>When was the debt incurred? <u>2019</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations  <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify _____</p>	<p>Total claim</p> <p>\$ 7,051 \$</p>	
2.2	<p>Priority Creditor's Name _____</p> <p>Number Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations  <input type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify _____</p>	<p>Total claim</p> <p>\$ _____</p>	

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

**Total claims from Part 1** 6a. Domestic support obligations**Total claim**

6a. \$ \_\_\_\_\_

6b. \$ 7,051.00

6c. \$ \_\_\_\_\_

6d. + \$ \_\_\_\_\_

6e. **Total.** Add lines 6a through 6d.7,051.00**Total claims from Part 2** 6f. Student loans**Total claim**

6f. \$ \_\_\_\_\_

6g. \$ \_\_\_\_\_

6h. \$ \_\_\_\_\_

6i. + \$ \_\_\_\_\_

6j. **Total.** Add lines 6f through 6i.

\$ \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>Katherine</u>	<u>M.</u>	<u>Gajcynski</u>
First Name	Middle Name	Last Name	
Debtor 2	(Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	District of _____		
Case number (if known)			

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and  
Debtor 2.

No

Yes. Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent live  
with you?

23

No  
 Yes

No  
 Yes

No  
 Yes

No  
 Yes

No  
 Yes

3. Do your expenses include  
expenses of people other than  
yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues

Your expenses	
4.	\$ <u>904.00</u>
4a.	\$ _____
4b.	\$ _____
4c.	\$ _____
4d.	\$ <u>405.00</u>

Debtor 1

Katherine M. Goczynski

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Your expenses**

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ \_\_\_\_\_

6. Utilities:

6a. Electricity, heat, natural gas

6a. \$ 20.00 / 200.00 Gas Electric

6b. Water, sewer, garbage collection

6b. \$ Cell phone Cable

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ 75.00 / 129.00

6d. Other. Specify: \_\_\_\_\_

6d. \$ \_\_\_\_\_

7. Food and housekeeping supplies

7. \$ 200.00

8. Childcare and children's education costs

8. \$ \_\_\_\_\_

9. Clothing, laundry, and dry cleaning

9. \$ 50.00

10. Personal care products and services

10. \$ 20.00

11. Medical and dental expenses

11. \$ 100.00

12. Transportation. Include gas, maintenance, bus or train fare.

12. \$ 100.00

Do not include car payments.

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 100.00

14. Charitable contributions and religious donations

14. \$ \_\_\_\_\_

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. \$ 20.67

15a. Life insurance

15b. \$ \_\_\_\_\_

15b. Health insurance

15c. \$ 116.00

15c. Vehicle insurance

15d. \$ \_\_\_\_\_

15d. Other insurance. Specify: \_\_\_\_\_

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

16. \$ 7,051.00

Specify: 2019 income tax (Federal)

17. Installment or lease payments:

17a. \$ 367.00

17a. Car payments for Vehicle 1

17b. \$ \_\_\_\_\_

17b. Car payments for Vehicle 2

17c. \$ \_\_\_\_\_

17c. Other. Specify: \_\_\_\_\_

17d. \$ \_\_\_\_\_

17d. Other. Specify: \_\_\_\_\_

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$ \_\_\_\_\_

19. Other payments you make to support others who do not live with you.

19. \$ \_\_\_\_\_

Specify: \_\_\_\_\_

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. \$ \_\_\_\_\_

20a. Mortgages on other property

20b. \$ \_\_\_\_\_

20b. Real estate taxes

20c. \$ \_\_\_\_\_

20c. Property, homeowner's, or renter's insurance

20d. \$ \_\_\_\_\_

20d. Maintenance, repair, and upkeep expenses

20e. \$ \_\_\_\_\_

20e. Homeowner's association or condominium dues

Debtor 1

Katherine M. Goczynski

First Name Middle Name

Last Name

Case number (if known)

21. Other. Specify: \_\_\_\_\_

21. +\$ \_\_\_\_\_

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

22a. \$1676.67  
22b. \$0.00  
22c. \$1676.67

*20274.67*  
*2706.67*

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23b. Copy your monthly expenses from line 22c above.

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23a. \$20274.67  
23b. -\$1676.67 2706.67  
23c. \$2,985.00

*\$2523.33 Remaining*  
*\$278.33 Remaining*  
*Not including*  
*unsecured debt.*

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

Case 22-19173-CMG Doc 1-1 Filed 10/17/22 Entered 10/17/22 11:19:11 Desc 2945  
Walmart Rewards Petition Page 17 of 20  
Capital One \$4,108.94  
P.O. Box 4069  
Carol Stream IL 60197-4069  
1-800-227-4825

Capital One - Quicksilver acct# 0449  
P.O. Box 4069 \$ 4,340.22  
Carol Stream IL 60197-4069  
1-800-227-4825

Discover account# 2926  
P.O. Box 70176 \$ 3,872.46  
Philadelphia PA 19176-0176  
1-800-347-2683

Capital One - Platinum account# 7769  
P.O. Box 4069 \$ 499.62  
Carol Stream, IL 60197-4069  
1-800-227-4825

Comenity Bank - Victoria Secret acct# 1018  
P.O. Box 650965  
Dallas, TX 75265 \$ 103.00  
1-800-695-9478

Sears - CitiBank acct# 4279  
P.O. Box 9001055 \$ 2,735.16  
Louisville, KY 40290-1055  
1-800-669-8488

Capital One -

6133

Teamster Privilege  
 1-888-803-0276  
 P.O. Box 4069  
 CAROL STREAM IL 60197-4069

\$ 987.57

Upgrade, Inc      Loan # 4131

Lbx # 452210

\$ 13,467.64

P.O. Box 52210  
 Phoenix AZ 85072-2210

13,641.94

1-844-899-9931

as of Nov. 30

Lending Point

\$ 4,939.49

1201 Roberts Blvd  
 Suite 200  
 Kennesaw, GA 30144  
 1-888-912-4376

418

Mercury MasterCard

\$ 2217.34

Card Services

account #

P.O. Box 70168

1339

Philadelphia PA 19176-0168

1-866-686-2158

Credit One American Express acct #

96442

Credit One Bank

\$ 2,681.52

P.O. Box 60500

City of Industry CA 91716-0500

P.O. Box 98873 - Billing inquiries

Las Vegas NV 89193-8873

1-877-825-3242

JPMB Card

Chase Freedom

\$ 95.6

P. O. Box 15369  
Wilmington, DE 19850  
1-800-945-2000

Syncb/ Care Credit, + account # [REDACTED] 8344  
950 FORRELL BIVD.  
Kettering, OH 45420  
1-866-396-8254

Syncb/PPMC PayPal account # [REDACTED] 3416  
P.O. Box 965005  
Orlando, FL 32896  
1-866-300-6432

One Main - Loan account # [REDACTED] 4438  
P.O. Box 1010  
Evansville, IN 47706  
1-844-298-9773

OR

\* P.O. Box 740594  
Cincinnati OH 45274-0594

Citibank+ Shop Your Way acct # [REDACTED] 0138  
Mastercard  
P.O. Box 78024  
Phoenix AZ 85062-8024  
1-800-669-8488  
1-877-816-9063

acct # [REDACTED] 2828  
\$ 2870.95

total  
\$ 46,667.21  
Credit Cards \$ 49,538.16  
+ Personal Loans

Internal Revenue Service Tax year

United States Treasury  
P.O. Box 145577

Cincinnati OH 45260-5577

1-800-829-8310

G Kilkenny

2019

\$ 7051.00

Notice CP2000  
Form 104D

Not Reporting  
Unemployment  
+ Gambling Winnings

Called on Nov. 14, 2022  
Spoke to Carine

States they did not receive Schedule A  
So account is Closed

Also asked if I did an Amended tax Return  
I stated No Because I was not aware  
that I had to being I had my taxes done  
at H+R Block.

She also stated that I didn't Report  
Unemployment Compensation for \$412.00  
I didn't think any amount under \$500.00  
needed to be reported.

I took my taxes to H+R Block instead of doing  
them myself so there wouldn't be any mistakes  
and tax preparer failed to even ask if  
anything should be listed on Schedule A

The last correspondence was in March 2022  
with a letter stating they need additional  
time to complete their review after  
they said I was deficient of the deadline  
for petitioning. This was from tax year 2019

I Katherine Gorczyński am asking the Court for a Fresh Start. The debt counseling was very helpful, but also a Real eye opener. I was not budgeting and seeing everything on paper is very scary and emotional and a constant strain on thinking about so much debt. I don't want to put myself in this position anymore. I have finally in the first time in my life, I have found a really good paying job 5 months ago that can bring me financial freedom. At the moment all of my new salary is going towards, overdraft fees, late fee, interest, and credit card debt. If the courts will allow me a fresh start I will do the right thing and very excited to get started. Thank you so much for your time and consideration.

Katherine Gorczyński

U.S. POSTAGE PAID  
FROM LIGEN  
LAKEWOOD, NJ  
08040  
NOV 15 22  
AMOUNT  
**\$6.64**  
R2304M1122333-05



08608

1000



UNITED STATES  
POSTAL SERVICE®

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE  
**CERTIFIED MAIL**



7022 2410 0001 1918 3579

Gonczarski  
Phee Lane  
NJ 08770

United States Bankruptcy Court  
402 East State Street  
Trenton, NJ 08608  
Attn: Clerk's Office - Fast Track